

Telephone (520) 432-9200 Fax (520) 432-5016

|   | APPLICANT IN  | FORMAT    | ION       |                           |                              |
|---|---|-----------|-----------|---------------------------|------------------------------|
| Applicant Name:   | Rodney S. Herbert                                       | Addr      | ess:      | 5620 S. H                 | lwy 92                       |
| Business Name:  | Super Stop  | City/     | Zip:      | Hereford/                 | 85615                        |
| Liquor License #:   | 10023135  | Parc      | el #:     | 105-40-03                 | 35B/035D                     |
| Ownership Type:   | LLC   | Lique     | or Licer  | nse 🛛                     | Special Event Liquor License |
| Partner(s):   | Reay's Ranch Investors                                  |           |           |                           |                              |
|   | To Be Completed By The Enviro                           | ONMENT    | AL HEA    | LTH DEPAR                 | RTMENT                       |
| We would like to re   | quest your assistance in reviewing the attac            | ched app  | olication | ٦.                        |                              |
| Please provide any  | pertinent information for the Board's consid            | deration: |           |                           |                              |
| As of this date the Super Stop has not begun construction and does not have a permit to operate. The applicant, Rodney S. Herbert, must submit plans for the approval of septic design. The septic design must be adequate and a grease interceptor may be required. If food will be sold, a plan review fee will need to be collected prior to construction approval. The applicant is working with the Environmental Health Specialists in Sierra Vista to ensure compliance with the Cochise County Sanitary Code, Arizona Food Code, Prop 201 and all necessary requirements prior to opening the facility. Once all conditions have been met and permits obtained the Environmental Health Division will have no objection to issuing Liquor License #10023135 to the applicant. |   |           |           |                           |                              |
|   | OTHER PERTINENT INFORMATION FO                          | OR THE E  | BOARD     | 's Conside                | ERATION:                     |
| ☐ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.  |   |           |           |                           |                              |
| ☐ The Health Department is currently working with the property owner on health-related issues with the subject property.  |   |           |           |                           |                              |
| Name:   | Mary Gomez  | Title:    | Direc     | tor, Health               | & Social Services            |
| Signature:  | Thank Storing   | Date:     | Septe     | ember <mark>25</mark> , 2 | 012                          |
| Contact phone:  | (520) 432-9404  | Email:    | mgor      | mez@cochis                | e.az.gov                     |
| Return completed  | Return completed form with any attachments by: 09/20/12 |           |           |                           |                              |



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|  | APPLICANT I                                   | INFORMATION                         |          |  |  |  |
|--|---|-------------------------------------|----------|--|--|--|
| Applicant Name:  | Rodney S. Herbert                             | Address: 5620 S. Hwy 92             |          |  |  |  |
| Business Name:   | Super Stop                                    | City/Zip: Hereford/85615            |          |  |  |  |
| Liquor License #:  | 10023135                                      | Parcel #: 105-40-035B/035D          |          |  |  |  |
| Ownership Type:  | LLC   | Liquor License Special Event Liquor | License  |  |  |  |
| Partner(s):  | Reay's Ranch Investors                        |                                     |          |  |  |  |
|  | To Be Completed By                            | THE SHERIFF'S OFFICE                |          |  |  |  |
| Please advise if:  |   |                                     |          |  |  |  |
| 1. The applicant, or any named partner(s), has had a felony conviction within five (5) years prior to the application or;  |   |                                     |          |  |  |  |
| 2. There have been a significant number of incidents at the named location within five (5) years prior to the application. |   |                                     |          |  |  |  |
| If so, please atta   | If so, please attach pertinent documentation. |                                     |          |  |  |  |
| Comments: No felony convictions and no significant number of incidents within the previous five(5) year period.            |   |                                     |          |  |  |  |
|  |   |                                     |          |  |  |  |
| Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:                        |   | Approval Disapproval No Recomme     | endation |  |  |  |
|  |   |                                     |          |  |  |  |
| Name:  | Ken Buckner                                   | Title: Deputy Commander             |          |  |  |  |
| Signature:   | D.C. K. Buckner                               | Date: 09-24-12                      |          |  |  |  |
| Contact phone:   | 520-432-9506                                  | Email: kbuckner@cochise.az.gov      |          |  |  |  |
| Return completed form with any attachments by:   |   | 9/20/12                             |          |  |  |  |



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| For | r internal use only:   |  |
|-----|------------------------|--|
| -   | Restaurant/Hotel-Motel |  |
|     | Club/Government        |  |
|     | Transfer of Premises   |  |

| Fax (520) 432-5016   |               |  |                             |                                  |               |                      |               |
|--|---------------|--|-----------------------------|----------------------------------|---------------|----------------------|---------------|
| APPLICANT INFORMATION  |               |  |                             |                                  |               |                      |               |
| Applicant Name:  | Rodney S. H   | erbert                                   | Addre                       | ess:                             | 5620 S. Hw    | y 92                 |               |
| Business Name:   | Super Stop    |  | City/Z                      | zip:                             | Hereford/8    | 5615                 |               |
| Liquor License #:  | 10023135      |  | Parce                       | l #:                             | 105-40-035    | B/035D               |               |
| Ownership Type:  | LLC           |  | Liguo                       | rlicor                           | asa M         | Cassial F            |               |
| Partner(s):  | Reay's Rancl  | n Investors                              | Liquo                       | quor License Special Event Liquo |               | ent Liquor License 🔲 |               |
| To Be Completed By The Planning & Zoning Department  |               |  |                             |                                  |               |                      |               |
| Please advise if, at the time the application was filed:  1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or  2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.  If so, please attach pertinent documentation and drawings or maps.  Comments: Proposed area not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.   |               |  |                             |                                  |               |                      |               |
| Based on the above information, the Planning and Zoning  Department's recommendation to the Board of Supervisors is:  Disapproval  |               |  |                             |                                  | Disapproval   |                      |               |
|  | OTHER PER     | RTINENT INFORMATIO                       | N FOR THE E                 | OARE                             | o's Conside   | RATION:              |               |
| Proper Zoning? Use permitted by Date Permit Issu If use not permit   | ed:           | Y ⊠ N □<br>Y ⊠ N □<br>9/20/12<br>Y □ N ⊠ | Zoning<br>Permit:<br>Use Pe | #:<br>rmitte                     |               | 915<br>nvenience S   | itore         |
| <ul> <li>□ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.</li> <li>□ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.</li> <li>□ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.</li> <li>□ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.</li> </ul> |               |  |                             |                                  |               |                      |               |
| Name:  | Dora V Flores |  | Title:                      | Perr                             | mit and Custo | mer Service          | Coordinator   |
| Signature:   | Dora V Flores |  | Date:                       |                                  | tember 20, 20 |                      | , coordinator |
| Contact phone:   | 520-432-9240  |  | Email:                      |                                  | res@cochise.a |                      |               |
| Return completed i   | form with any | attachments by:                          | 9/20/12                     | ý.                               |               |                      |               |



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| Business Name:    | Super Stop                             | City/Zip: Hereford/85615                    |
| Liquor License #: | 10023135                               | Parcel #: 105-40-035B/035D                  |
| Ownership Type:   | LLC                                    | Liquor License Special Event Liquor License |
| Partner(s):       | Reay's Ranch Investors                 |   |
|                   | To Be Completed By T                   | HE TREASURER'S OFFICE                       |
| Please advise if  | the property taxes for the parcel in c | question are current.                       |
| XX Yes            | No                                     |   |
|                   |  |   |
| If not, please at | tach pertinent documentation.          |   |
| Comments:         |  |   |
|                   |  |   |
|                   |  |   |
|                   |  |   |
|                   |  |   |
|                   |  |   |
|                   |  |   |
| Name:             | PJ Green                               | Title: Tax Specialist                       |
| Signature:        |  | Date: 9/13/12                               |
| Contact phone:    | 432-8406                               | Email:                                      |
|                   |  |   |
|                   |  |   |
|                   |  |   |
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